In re Alisa Marie Sibley	
Debtor(s) Case Number:	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF MONTH	NCOME FOR § 707(b)(7) EX	XCLUSION
	Marital/filing status. Check the box that applies and comple	balance of this part of this statement	as directed.
	a. Unmarried. Complete only Column A ("Debtor's In	") for Lines 3-11.	
2	b. \square Married, not filing jointly, with declaration of separate "My spouse and I are legally separated under applicable purpose of evading the requirements of § 707(b)(2)(A) of for Lines 3-11.	re living apart other than for the	
	c. Married, not filing jointly, without the declaration of s ("Debtor's Income") and Column B ("Spouse's Income")	for Lines 3-11.	-
	d. Married, filing jointly. Complete both Column A ("I	1 1 1 1 1 1	
	All figures must reflect average monthly income received fro calendar months prior to filing the bankruptcy case, ending of the filing. If the amount of monthly income varied during the six-month total by six, and enter the result on the appropriate	last day of the month before months, you must divide the	Column A Column B Debtor's Spouse's Income Income
3	Gross wages, salary, tips, bonuses, overtime, commissions	\$	3,406.00 \$
	Income from the operation of a business, profession or far		3,100100 4
4	enter the difference in the appropriate column(s) of Line 4. It business, profession or farm, enter aggregate numbers and propriate and propri	operate more than one details on an attachment. Do	
	D	Spouse	
	a. Gross receipts \$ b. Ordinary and necessary business expenses \$	0.00 \$ 0.00 \$	
	1	b from Line a \$	0.00 \$
	Rents and other real property income. Subtract Line b fro		σ.σσ φ
	the appropriate column(s) of Line 5. Do not enter a number	nan zero. Do not include any	
5	part of the operating expenses entered on Line b as a dedu		
3	a. Gross receipts \$	0.00 \$	
	b. Ordinary and necessary operating expenses \$	0.00 \$	
		b from Line a \$	0.00 \$
6	Interest, dividends, and royalties.	\$	0.00 \$
7	Pension and retirement income.	\$	0.00 \$
8	Any amounts paid by another person or entity, on a regul expenses of the debtor or the debtor's dependents, includi purpose. Do not include alimony or separate maintenance paspouse if Column B is completed. Each regular payment sho if a payment is listed in Column A, do not report that payment	ild support paid for that tts or amounts paid by your e reported in only one column;	0.00 \$
9	Unemployment compensation. Enter the amount in the appr However, if you contend that unemployment compensation r benefit under the Social Security Act, do not list the amount or B, but instead state the amount in the space below:	ed by you or your spouse was a	
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$	00 Spouse \$ \$	0.00 \$
10	Income from all other sources. Specify source and amount. on a separate page. Do not include alimony or separate may spouse if Column B is completed, but include all other pay maintenance. Do not include any benefits received under the received as a victim of a war crime, crime against humanity, domestic terrorism.	ance payments paid by your is of alimony or separate al Security Act or payments a victim of international or	
	a. \$	\$	
	b. \$	\$	
	Total and enter on Line 10	\$	0.00 \$
11	Subtotal of Current Monthly Income for § 707(b)(7). Add	s 3 thru 10 in Column A, and, if ter the total(s).	3,406.00 \$

	<u>-</u>				
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		3,406.00		
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	40,872.00		
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: WA b. Enter debtor's household size: 1	\$	53,302.00		
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	•			
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption of the Deck Hard Property of the Deck Hard	does no	ot arise" at the		
	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.				
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16				\$		
17	Marital adjustment. If you checked Column B that was NOT paid on a dependents. Specify in the lines bel spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zer a. b. c. d. Total and enter on Line 17	regular basis for the l ow the basis for exclusions support of persons of purpose. If necessary,	nousehouding the	ld expenses of the debtor or e Column B income (such a n the debtor or the debtor's of	the debtor's s payment of the dependents) and the	\$
18	Current monthly income for § 70	7(b)(2). Subtract Lin	e 17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C	ALCULATION	OF D	EDUCTIONS FROM	INCOME	
	Subpart A: De	ductions under Sta	andard	s of the Internal Revenu	ie Service (IRS)	
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			\$			
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older a1. Allowance per person b1. Number of persons b2. Number of persons c1. Subtotal			\$			
20A	Local Standards: housing and uti Utilities Standards; non-mortgage of available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom you	expenses for the applifrom the clerk of the allowed as exemption	expense cable contract	es. Enter the amount of the bunty and family size. (This btcy court). The applicable fa	information is amily size consists of	\$

20B	not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense \$ b. Average Monthly Payment for any debts secured by your				
	home, if any, as stated in Line 42 c. Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:				
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. \[\begin{array}{c} 0 & \lefta 1 & \lefta 2 \text{ or more.} \] If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
24	the result in Line 24. Do not enter an amount less than zero.				
	 a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2 	\$ Subtract Line b from Line a.	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,				

26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such as Do not include discretionary amounts, such as voluntary	s retirement contributions, union dues, and uniform costs.	\$	
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			
28	Other Necessary Expenses: court-ordered payments. E pay pursuant to the order of a court or administrative agen include payments on past due obligations included in L	ncy, such as spousal or child support payments. Do not	\$	
29	Other Necessary Expenses: education for employment of the total average monthly amount that you actually expendeducation that is required for a physically or mentally chall providing similar services is available.	d for education that is a condition of employment and for	\$	
30	Other Necessary Expenses: childcare. Enter the total av childcare - such as baby-sitting, day care, nursery and pres		\$	
31	Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of your insurance or paid by a health savings account, and that is include payments for health insurance or health savings	ourself or your dependents, that is not reimbursed by in excess of the amount entered in Line 19B. Do not	\$	
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you			
33	Total Expenses Allowed under IRS Standards. Enter th	ne total of Lines 19 through 32.	\$	
	Note: Do not include any experimental Health Insurance, Disability Insurance, and Health Say the categories set out in lines a-c below that are reasonably dependents.			
34	a. Health Insurance	\$		
	b. Disability Insurance	\$		
	c. Health Savings Account	\$	\$	
	Total and enter on Line 34.			
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:			
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.			
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.			
38	Education expenses for dependent children less than 18 actually incur, not to exceed \$147.92* per child, for attend school by your dependent children less than 18 years of as documentation of your actual expenses, and you must enecessary and not already accounted for in the IRS Sta	lance at a private or public elementary or secondary ge. You must provide your case trustee with explain why the amount claimed is reasonable and	\$	
	1			

 $^{^*}$ Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$		
40			Enter the amount that you will continganization as defined in 26 U.S.C. § 1		in th	e form of cash or	\$
41	Total	Additional Expense Deductions	s under § 707(b). Enter the total of L	ines 34 through	40		\$
		Sı	ubpart C: Deductions for De	bt Payment			
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	Average Mor Pay	nthly ment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				Total: Add I			\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount \$						
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.				\$		
			If you are eligible to file a case under the amount in line b, and enter the res				
45	a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b				\$		
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.				\$		
	Subpart D: Total Deductions from Income						
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.				\$		
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))			\$			
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))			\$			
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.				\$		
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.				\$		

	Initial presumption determination. Check the applicable box and proceed as directly	ected.			
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
02	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "T statement, and complete the verification in Part VIII. You may also complete Part				
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Con	mplete the remainder of Part VI (L	ines 53 through 55).		
53	Enter the amount of your total non-priority unsecured debt		\$		
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	0.25 and enter the result.	\$		
	Secondary presumption determination. Check the applicable box and proceed a	s directed.			
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box f of this statement, and complete the verification in Part VIII.	or "The presumption does not aris	e" at the top of page 1		
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. of page 1 of this statement, and complete the verification in Part VIII. You may a		on arises" at the top		
	Part VII. ADDITIONAL EXPENSE	CLAIMS			
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figure each item. Total the expenses.	your current monthly income under	er §		
	Expense Description	Monthly Amou	nt		
	a.	\$			
	b.	\$	_		
	d.	\$	_		
d. \$ Total: Add Lines a, b, c, and d \$					
	Total. Add Ellies a, b, c, and d	Ψ			
	Part VIII. VERIFICATION				
	I declare under penalty of perjury that the information provided in this statement i <i>must sign</i> .)	s true and correct. (If this is a join	t case, both debtors		
57	e: /s/ Alisa Marie Sibley				
57	Date: July 3, 2012 Signature	Alisa Marie Sibley			
		(Debtor)			

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.